



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 87246-3	2. EPA Product Manager Marshall Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cliniweave(TM) Original Powder	PM#	
5. Name and Address of Applicant (Include ZIP Code)  Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc., is notifying the U.S. EPA that they intend to use the following as an alternate brand names for this product: ProTx2 P

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 44 lb bag		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name David Bechtel	Title Authorized U.S. Agent	Telephone No. (Include Area Code) 908-429-9202
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature <i>David H. Bechtel</i>		
3. Title Authorized U.S. Agent for IFTNA		
4. Typed Name David Bechtel	5. Date December 2, 2013	



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Environmental Protection Agency  
Washington, DC 20460

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OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 87246-3	2. EPA Product Manager Marshal Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cliniweave(TM) Original Powder	PM# 33	
5. Name and Address of Applicant (Include ZIP Code)  Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8 Canada  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

IFTNA wishes to submit an amendment for a revision to the precautionary statement on the label of Cliniweave™ Original Powder (EPA Reg. No. 87246-3). Please see attached page for details.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted					
If "Yes" Unit Packaging wgt. No. per container		If "Yes" Package wgt. No. per container			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name David H. Bechtel		Title Authorized US Agent	
		Telephone No. (Include Area Code) 908-429-9202	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received  (Stamped)
2. Signature		3. Title Authorized US Agent for IFTNA	
4. Typed Name David. H. Bechtel		5. Date June 25, 2013	



Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number Intelligent Fabric Technologies North America, Inc.		2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cliniweave(TM) Original Powder, EPA No. 87426-3		PM#	
5. Name and Address of Applicant (Include ZIP Code) Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8 Canada  <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. [REDACTED] Product Name [REDACTED]	

### Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

IFTNA wishes to amend the label for Cliniweave(TM) Original Powder to include the uses captured under the heading "For the Control of Mildew and Bacteria In Styrene Butadiene and Natural Rubber, Thermoplastic Resins, and Textiles used in the Manufacture of the following Non-Food/Non-Medical Products" on the label of the precedent product, [REDACTED]

### Section - III

#### 1. Material This Product Will Be Packaged In:

Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 20 kg bag	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
		<input type="checkbox"/> Other _____	

### Section - IV

#### 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Jessica Walsh	Title Regulatory Consultant	Telephone No. (Include Area Code) 1-905-542-2900
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#### Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

2. Signature 	3. Title President and CEO, IFTNA	6. Date Application Received (Stamped)
4. Typed Name Hylton Karon	5. Date May 14, 2013	

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0080

Print Form



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Environmental Protection Agency  
Washington, DC 20460

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OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number Intelligent Fabric Technologies North America, Inc. 87246		2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cliniweave Original Powder		PM#	
5. Name and Address of Applicant (Include ZIP Code) Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R 1B8 Canada <input checked="" type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	

### Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated
<input type="checkbox"/> Resubmission in response to Agency letter dated	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc. wishes to register Cliniweave Original Powder in the U.S. as a 100% repack of a U.S. EPA registered pesticide product

### Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
* Certification must be submitted				<input type="checkbox"/> Glass	<input checked="" type="checkbox"/> Paper
	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container	Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 20 kg bag		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other	

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Tom Jonaitis	Title Consultant	Telephone No. (inc. J.J. Area Code) 1-905-542-2900
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#### Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application Received  
(Stamped)

2. Signature 	3. Title President & CEO
4. Typed Name Hylton Karon	5. Date